



BROWARD REPUBLICAN EXECUTIVE COMMITTEE

224 Commercial Blvd. Suite 305, Lauderdale-By-The-Sea, FL 33308

(954) 941-7775

www.browardgop.com

Email: Membership@browardgop.org

PRECINCT COMMITTEEMAN / COMMITTEEWOMAN APPLICATION

The Broward Republican Executive Committee (BREC) consists of precinct committeemen and committeewomen who represent registered Republicans in their precincts. The role of precinct BREC members is key to our candidates' success. The BREC is the basis for our grassroots efforts and we rely on BREC members to organize their precincts, recruit new volunteers, and work to get out the Republican vote – absentee, early voting and on Election Day.

In order to become a BREC member you must provide:

- 1. This BREC application**
- 2. Candidate Oath – Precinct Committeemen and Committeewomen – Notarized *******
- 3. A copy of your Voter Registration Card – Front and Back**
- 4. RPOF Loyalty Oath**

You must reside in the precinct that you will represent. If you do not know your precinct number, leave that portion blank and a BREC officer will fill it in. The two forms containing your original signature and the copy of your voter registration card must be mailed to the BREC office at the address listed below or given to an officer at a monthly BREC meeting, held the 4th Monday of every month. Applications must be received no later than 14 days prior to the monthly meeting. Late applications will be processed for approval at the following BREC meeting.

You must attend 2 BREC meetings. At the second meeting your application will be voted upon. If voted on successfully, you will become a member. If you have any questions or would like to know the status of your application, please contact us by phone or email.

Email To: Membership@browardgop.org

*If your precinct has the maximum allowed committeemen / women, you will be listed as an alternate.

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE #1: _____ PHONE #2: _____

EMAIL: _____ PRECINCT #: _____

WHAT REPUBLICAN CLUBS ARE YOU A MEMBER OF? _____

OFFICIAL USE ONLY: CM CW CMA CWA / DATE VOTED ON _____ PRECINCT _____

**CANDIDATE OATH
PRECINCT COMMITTEEMAN AND
COMMITTEEWOMEN**

OFFICE USE ONLY

Candidate Oath

Name as it is to appear on ballot: _____

Check box if two last names without hyphen (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Committeeman Committeewoman

Precinct _____

I am a qualified elector of _____ County, Florida; I am qualified under the Constitution and the laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

I swear or affirm that I am a member of the _____ Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.)

YES, / Do _____ NO, / Do Not _____

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

Telephone Number

Email Address

Address of Legal Residence

City

State

Zip Code

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Sworn to (or affirmed) and subscribed before me by means or

Online notarization OR Physical presence

This _____ day of _____, 20_____

Personally Known OR Produced Identification

Type of Identification Produced: _____

DS-DE 305C (Eff. 10/2023)

Print, Type, or Stamp Commissioned Name of Notary Public below:

Rule 1S-2.0001, F.A.C.



I _____, swear or affirm during my term of party office

(Print Full Name Clearly)

I will abide by the Constitution, Rules of Procedure, and County Model Constitution of the Republican Party of Florida, and will not actively, publicly, or financially support the election of any candidate:

- (1) Seeking election against the Republican Party's nominee in a partisan unitary, general, or special election that includes a Republican nominee; or
- (2) Who is not a registered Republican and is seeking election against a registered Republican in a non-partisan election, except that this provision does not apply to judicial races under Chapter 105, Florida Statutes.

I further swear or affirm that, in my capacity as a Republican Executive Committee member I will not support, in a contested Republican primary election, the nomination of one Republican candidate over another, or in a nonpartisan election, the election of one registered Republican over another, unless the Executive Committee has voted to endorse that candidate in accordance with RPOF Rule 8. This provision does not preclude me from supporting in any manner my personal Republican candidate of choice in a contested Republican primary election or my personal registered Republican candidate of choice in a nonpartisan election, provided I do not express such support with public reference to my title or office within the Republican Party of Florida.

Signature of Member

Date

County and Precinct #:

Party Office:

(State Committeeman/Committeewoman; Precinct Committeeman/Committeewoman; or Alternative Precinct Committeeman/Committeewoman)

Street Address (As it appears on your voter registration)

City / Zip

Email

Phone Number

(Loyalty Oath Must Be Witnessed, Verified, or Notarized)

Signature of Witness

Printed Name of Witness